



THE LIBRARY OF VIRGINIA

Application for Library Card

please print

NAME _____

HOME ADDRESS _____

CITY _____

STATE _____

ZIP _____

EMPLOYER/SCHOOL _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

HOME PHONE () _____

WORK PHONE () _____

EMAIL ADDRESS _____

LICENSE OR OTHER ID # _____

LIBRARY ID # _____

NEWCARD 12/03

By signing below, the applicant applies for the right to use the collections and resources of the Library of Virginia and agrees to comply with its regulations and policies regarding the use of research and reference materials. The applicant agrees to be responsible for all materials borrowed on this card, to pay all fees and fines charged to this card, and to report promptly loss or theft of this card, or a change of address.

please present your library card each time you check out items.

SIGNATURE _____

DATE _____